PAYROLL HISTORY TRANSFER REQUEST

All information is required

RETURN FORM TO FINANCIAL SERVICES MAILBOX

System will automatically adjust all taxes & benefits if applicable

---

Check # _____ **Check Date** _____ **Employee #** _____

	FUND:	BARS LINE:	AMOUNT:	PAY TYPE:	PROJECT CODE:
FROM:	_____	_____	< _____ >	_____	_____
TO:	_____	_____		_____	_____

Reason for correcting adjustment: _____

Check # _____ **Check Date** _____ **Employee #** _____

	FUND:	BARS LINE:	AMOUNT:	PAY TYPE:	PROJECT CODE:
FROM:	_____	_____	< _____ >	_____	_____
TO:	_____	_____		_____	_____

Reason for correcting adjustment: _____

Check # _____ **Check Date** _____ **Employee #** _____

	FUND:	BARS LINE:	AMOUNT:	PAY TYPE:	PROJECT CODE:
FROM:	_____	_____	< _____ >	_____	_____
TO:	_____	_____		_____	_____

Reason for correcting adjustment: _____

Date of request: _____ Requested by: _____

cc: _____

Signature of person authorized to sign for above funds: _____

Date received Financial Services:	Correction in Munis by:	Date: